

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584957

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
7		/				
8		/				
9	/					
10		2				
11	/					
12	/					
13	/					
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24	/					
25	①					
26	②					
27	③					
28		/				
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44			/			
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46			/			
47			/			
48			/			
49		/				
50			/			
TOTAL IND.	2		2			
TOTAL DEP.	26	←	21	←		
TOTAL CLAIMS	28		23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
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95						
96						
97						
98						
99						
100						
TOTAL IND.					0	
TOTAL DEP.	26	←	21	←	8	←
TOTAL CLAIMS	28		23		8	